Grundy Dental Practice Partnership

Grundy Dental Practice

Inspection Report

39 Heron Street
Rugeley
Cannock
Staffordshire
WS15 2DZ
Tel: 01889578225
Website:

Date of inspection visit: 1 October 2018
Date of publication: 19/10/2018

Overall summary

We carried out this announced inspection on 1 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Background

Grundy Dental practice is in Rugeley, Staffordshire and provides NHS and private treatment to adults and children.

A portable ramp is used to gain access to the practice for people who use wheelchairs and those with pushchairs. Car parking is available on the road at the front of the practice and on local side roads.

The dental team includes two dentists, three dental nurses, one of whom is the receptionist and one the practice manager. The practice has one treatment room in use and one which is out of commission.

Summary of findings

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Grundy Dental practice was the senior partner.

On the day of inspection, we received feedback from 17 patients.

During the inspection we spoke with one dentist, one dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 9am to 5pm and Friday from 9am to 1.30pm. The practice is closed for lunch between the hours of 1pm to 2pm.

Our key findings were:

- The practice appeared clean and well maintained. Practice staff completed daily cleaning with an external company providing a deep clean once per month. Records were kept of cleaning undertaken.
- Staff knew how to deal with emergencies. Not all appropriate medicines and life-saving equipment were available, but these were ordered on the day of inspection.
- The practice had suitable systems to help ensure patient safety. These included safeguarding processes, detailed risk assessments which were reviewed six-monthly and infection control procedures which reflected published guidance.
- Some minor improvements were required to staff recruitment procedures. Changes were made to the recruitment policy on the day of inspection and proof of identification was provided for staff.
- The clinical staff provided patients' care and treatment in line with current guidelines. The practice was providing preventive care and supporting patients to ensure better oral health.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs. Patients who were in dental pain could see a dentist within 24 hours of their contact with the practice.
- The practice asked staff and patients for feedback about the services they provided. Staff felt involved and supported and worked well as a team.
- The practice staff had suitable information governance arrangements.

There were areas where the provider could make improvements and should:

- Review the practice's responsibilities to take into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles; some minor changes were made to the practice's recruitment policy to ensure that essential recruitment checks would be completed. Following this inspection we were sent evidence to demonstrate that the practice had obtained proof of identification for staff

Premises and equipment were clean and properly maintained. A brief fire risk assessment had been completed by the practice manager. The practice had arranged a fire risk assessment to be undertaken by an external professional during the week of the inspection. A fixed wiring test had also been arranged. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies, items of missing emergency medical equipment were immediately purchased on the day of our inspection.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients told us that they were happy with their treatment and the overall service provided by the dental practice. We were told that staff were friendly and caring. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 17 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and caring. They said that they were given detailed, honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. A waiting time audit had been completed and changes were made to improve waiting times as a result of this audit.

Staff considered patients' different needs and provided some facilities for disabled patients. This included a portable ramp and a ground floor treatment room. However, the practice did not have a hearing loop, although the practice manager was able to communicate using basic sign language. We were told that information about the practice's services could be provided in large print or other languages if required. The practice had access to telephone and face to face interpreter services.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

No action ✓

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays)).

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training to the required level. We also saw that in-house training was provided to staff via the practice's computer desktop. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Staff told us that they would report any suspicions of abuse to the registered manager or the practice manager.

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. This did not record any contact details for external organisations to enable staff to anonymously report poor practice. This policy was amended on the day of inspection to include the required information. Staff told us they felt confident they could raise concerns without fear of recrimination.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment, this was documented in the dental care records as appropriate.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. We were told that a copy of this plan was kept off site by the practice manager and registered manager. The policy recorded some of the contact details for external professionals to contact in an emergency. A full list of contact details was not kept with the policy. We were told that the registered manager had access to all this information on their telephone and contact details were available at the reception desk. The morning following this inspection we were sent a copy of the amended policy which included the list of contact details.

The practice had recently developed a staff recruitment policy and procedure to help them employ suitable staff. Some minor changes were required to this policy. We looked at five staff recruitment records. The practice had employed one member of staff within the last two years since the new provider took over the practice. Not all staff files contained proof of identification and the file of the staff member most recently employed did not provide evidence of good conduct in previous employment. We were told that the practice manager had previously worked with this member of staff and had therefore not requested references. Following this inspection, we were sent an amended copy of the recruitment policy which was more detailed including information required as per Schedule three of the Health and Social Care Act. We also received evidence that the practice had obtained proof of identification for staff employed.

We were told that the practice rarely used agency or locum staff. The agency had initially sent a contract to the practice which identified that they would undertake the necessary recruitment checks on staff they supplied to the practice.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw an up to date gas safety certificate and were informed that an electrician was visiting the practice on 3 October and a fixed wiring check would be arranged on that date. Portable electrical appliances were checked by an external professional on an annual basis and records were available to demonstrate this. The practice had not recorded any visual checks of portable electrical appliances. Following this inspection, we were sent a copy of a new check list which recorded details of these visual checks.

Records showed that firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Staff had completed fire awareness and fire marshal training. Fire drills were completed on a regular basis, we saw fire drill records for January and October 2017 and July 2018.

No action

Are services safe?

There were no records to demonstrate that smoke alarms or fire doors and exits were checked on a regular basis. We were told that these records would be implemented immediately.

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. We noted that rectangular collimation was not used on X-ray units to reduce patient dosage.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. We saw risk assessments regarding lone working, a practice wide risk assessment, information governance, pregnant workers and health and safety. All risk assessments were reviewed on a six-monthly basis. We were told that a fire risk assessment had been completed by an external professional in 2013. The practice manager had also recently completed a fire risk assessment. We were told that an external company was booked to undertake a further risk assessment within the week of this inspection. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated six monthly.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked. A risk assessment regarding non-immunised and non-responder staff was developed and put in place on the day of our inspection for one member of staff. This staff member was not involved in clinical work although was a registered dental nurse.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice manager was aware that one member of staff was due to undertake this training. Following this inspection, we were sent copies of other training undertaken by this staff member such as fainting, stroke, angina and diabetes. We received evidence that the staff member was booked onto a basic life support training course on 5 October 2018.

The practice manager told us that emergency equipment and medicines were checked by the trainer during their basic life support training in January 2018. We noted that the defibrillator pads had passed their expiry date, we saw evidence to demonstrate that new pads had been ordered. We also saw that not all equipment was available as described in recognised guidance. The practice did not have a spacer device for inhaled bronchodilators, an oxygen mask with reservoir tubing for a child and only had one size of clear face mask. These missing items were ordered on the day of inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. These checks were completed monthly and not at the frequency as suggested in the Resuscitation Council Guidelines. The check log was amended on the day of inspection to increase the frequency of inspection as required.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. We were told that dentists would not provide any checks or treatment without a nurse being present. The practice manager and receptionist were both qualified dental nurses and could be used in an emergency. Staff from the other practice owned by the registered manager would also provide cover in an emergency if required.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. A file of information was available for products in use at the practice. The company who provided the products also produced risk assessments and product information sheets for each item.

We were told that the practice had only used agency staff on one occasion since the new provider took over the practice. We noted that an induction was available to ensure that these staff were familiar with the practice's procedures.

No action

Are services safe?

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. The practice manager held the lead role for infection prevention and control.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. A new decontamination room had recently been installed and was now available for use by staff. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. An external professional completed the risk assessment in October 2016. Evidence was available to demonstrate that all recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed that this was usual. Staff employed at the practice completed daily cleaning tasks. A monthly deep clean of the practice was undertaken by an external cleaning company.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The practice had a blank copy of a waste pre-acceptance audit. This was completed on the day of inspection and a copy seen.

The practice carried out infection prevention and control audits twice a year. We saw the audits for January and July 2018. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements, (formerly known as the Data Protection Act).

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice securely stored NHS prescriptions as described in current guidance. We noted that a log was not maintained of individual prescription numbers held; this presented a risk regarding the ability to identify if an individual script was taken. The registered manager confirmed that action would be taken immediately. Following this inspection, we were sent a copy of a prescription log.

The dentist was aware of current guidance with regards to prescribing medicines. The dentist had recently enrolled on a new prescribing e-learning system.

Track record on safety

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. These risk assessments were reviewed every six months. The practice had processes to monitor and review accidents and incidents. This helped it to understand risks and gave a clear, accurate and current

No action

Are services safe?

picture that led to safety improvements. In the previous 12 months there had been no safety incidents or accidents. Staff had recorded an event and the action taken to address the issue.

Lessons learned and improvements

Staff were aware of the Serious Incident Framework. The practice had systems in place to ensure that staff learned and made improvements when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We viewed the practice's MHRA alert folder where relevant alerts had been downloaded and were available for staff to review. We were told that alerts were discussed at practice meetings.

No action

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We received feedback from 17 patients, this includes comment cards completed by patients prior to our inspection. Patients were happy with the service provided by all staff and the treatment received.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. Evidence was available to demonstrate this in the dental care records that we reviewed. Dental nurses gave oral health advice to patients.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice recently took part in a local initiative and invited children from a local nursery to visit. Children were shown around the practice and given advice about caring for their teeth. A parents evening was also held to encourage them to bring their children to the dentist at an early age. Posters were on display in the waiting room regarding child oral health. We were told that these initiatives had increased the percentage of children attending the practice by approximately 30%.

The practice had a selection of dental products for sale, free samples of toothpaste were also available in treatment rooms and the waiting room. Health promotion leaflets were provided to help patients with their oral health.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

The dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice. Referrals would also be made to the Birmingham Dental Hospital for treatment of gum disease if necessary.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patient dental care records that we saw confirmed this. We were told that patients were always advised to go away and consider their treatment options. Patients were given website addresses so that they could complete further research to help them in their decision-making process. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The dentist understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions. They were aware of how to obtain consent and the action to take if a patient lacked capacity. The dentist was also aware of Gillick competence, by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age. We saw evidence that staff had completed training regarding the Mental Capacity Act in September 2018.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

No action

Are services effective?

(for example, treatment is effective)

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The last audit was completed in September 2018, we were told that this would be undertaken every six months.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, amongst other training, the practice manager had completed a management, impression taking and a radiography course. Staff undertook e-learning courses such as data protection, consent, legal and ethical issues and health and safety.

Staff new to the practice had a period of induction. The practice manager had recently developed a structured induction programme and we were shown the induction checklist with associated training materials. We saw that the training was broken down into time periods and staff were to receive a review at the end of the first and third month of their induction. Records were signed when the member of staff was deemed competent. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals for some staff. We were told that appraisal was due for one member of staff. The registered manager discussed the new appraisal system . This would be linked to the new enhanced continuous professional development requirements of the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly. The practice was using an online referral system which enabled them to check the status of any NHS referral they had made. Systems were also in place to monitor any private referrals made.

No action

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Patients told us that staff were friendly and professional and comment cards that we received described staff as attentive, caring and respectful. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding and they told us that the dentist made them feel at ease if they were anxious about undergoing any treatment. Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Staff were aware of their responsibility to respect people's diversity and human rights.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

All consultations were carried out in treatment rooms and we noted that doors were closed during procedures to protect patients' privacy.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act.

- Interpretation services were available for patients who did not have English as a first language. Interpreter services were booked in advance to enable them to visit the practice with the patient. Telephone services were available to assist patients who attended the practice for an urgent appointment.
- Staff communicated with patients in a way that they could understand, for example large print materials were available. Reception staff would help patients to complete forms if requested and reading glasses were available. The practice manager could communicate via basic sign language if required.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist told us that they always encouraged patients to take their time and fully consider treatment options before making any decision. Patients commented that they were fully informed about any treatment options and given detailed explanations to help them decide. The dentist described to us the methods they used to help patients understand the treatment options discussed. These included for example information leaflets, models, videos and X-ray images. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

No action

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. A portable ramp was used to provide access for those patients who used a wheelchair. The treatment room was on the ground floor as was the patient toilet. Reading glasses were available at the reception area, although there was no hearing loop for hearing impaired patients. The practice manager confirmed that they could communicate using basic sign language if required.

Staff were clear on the importance of emotional support needed by patients when delivering care.

We were told that the majority of patients had been visiting the practice for many years. Staff were aware of those patients who were anxious and offered support. Staff chatted to patients to try and help them feel at ease. We were told that appointments would be tailored around the patient's needs. Longer appointment times would be given if required. Patients commented that the dentist put them at ease and was kind and caring. Patients described high levels of satisfaction with the responsive service provided by the practice.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they provided a phone call or text reminder service for patients and made courtesy calls after a complex treatment or an extraction to ask if the patient was Ok.

Timely access to services

The practice displayed its opening hours in the premises, and included it in their practice information leaflet.

Patients were able to access care and treatment from the practice within an acceptable timescale. The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Specific emergency slots were available for those experiencing pain. We were told that patients experiencing dental pain would always be seen within 24 hours of their telephone call to the practice. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

We saw a sign in the waiting area which asked patients to inform the receptionist if they had been waiting over 30 minutes to see the dentist. A waiting time audit was being completed which had been reported on and action plans available. The dentist discussed the actions already taken to address waiting time issues previously identified.

The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. They took part in an emergency on-call arrangement with another local practice and the 111 out of hour's service. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice had not received any formal written complaints since the new provider took over in 2016. We were told that the practice took complaints and concerns seriously. Both positive and negative comments had been recorded on the NHS Choices website and we saw that the practice manager had responded to them appropriately. One verbal complaint was received at the practice which had also been responded to by the practice manager.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. A copy of complaint procedure was on display in the waiting room for patients to view. The practice information leaflet referred patients to the complaints procedure located in the waiting room.

The practice or registered manager were responsible for dealing with complaints. The receptionist told us they would tell the either the practice manager or registered manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

No action

Are services responsive to people's needs?

(for example, to feedback?)

We discussed some of the action taken to address concerns and improve the service. This included completion of a waiting time audit, giving patients longer appointments and the introduction of dedicated emergency appointment slots.

No action

Are services well-led?

Our findings

Leadership capacity and capability

Leaders had the capacity, skills and experience to deliver high-quality, sustainable care. Staff told us that the practice manager and registered manager were approachable. Staff told us that they worked well as a team and were given opportunities to undertake training. The registered manager told us that staff could undertake e-learning at the practice on a Friday afternoon when the practice was closed to patients. Regular monthly practice meetings were also held on a Friday afternoon. Staff could add items to be discussed at these meetings. Minutes were available in a file for staff to refresh their memory if required.

Vision and strategy

There was a clear vision and set of values. The registered manager discussed the changes made at the practice since they had taken over. This included commissioning a dedicated decontamination room, upgrading of flooring, improvements in décor and replacing the chairs in the waiting room. We were told that the renovations to the practice were a work in progress and other changes were planned to include replacing dental chairs. Staff told us that their aim was to provide person centred quality care to patients to meet their individual needs. A copy of the practice's Statement of Purpose was available in the waiting area for patients to see.

Culture

The practice had a culture of high-quality sustainable care. Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff said that they worked well as a team and had a close working relationship with each other. We were told that staff were encouraged to make suggestions for improvement which were listened to and acted upon where appropriate. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff said that the practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management. The registered manager had overall responsibility for the management, clinical leadership and day to day running of the practice. Support was provided by the practice manager and associate dentist. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff. We were told that clinical governance systems had recently been introduced when the provider took over this practice. The practice manager had recently implemented all policies and procedures. We noted that some policies did not have a date of implementation or review. We were told that all policies were reviewed in July each year.

The practice had a General Data Protection Regulation (GDPR) policy for patients to review which was also on display in the waiting room. This recorded what information was held for patients, why it was held and who had access to this information. A GDPR privacy note was also available to staff.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice acted on appropriate and accurate information. Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

The practice used patient surveys a comment book and verbal comments to obtain patients' views about the service. We saw that positive comments were recorded in the comment book. The completed patient surveys that we saw also recorded positive comments. It was difficult to

No action

Are services well-led?

identify when these surveys had been completed as they were not dated. The practice gathered feedback from staff through meetings, appraisal and informal discussions. We were told that staff were encouraged to offer suggestions for improvements to the service and staff said that the registered manager was approachable and always listened to them and acted on their suggestions where feasible.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We were told that there was a low response rate for this, but generally positive feedback was received.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, hand hygiene, personal protective equipment, sharps injury, clinical waste and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The registered manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dental nurses had annual appraisals. We saw that appraisal documentation had not been fully completed. The practice manager was aware of this. We were told that only pre-appraisal information was available and meetings were being arranged for the near future. The registered manager discussed the new system that was being implemented to include dentists and link in with the enhanced continuous professional development and personal development plan requirements by the GDC.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. We also saw that staff completed a wealth of other training such as consent, complaints, decontamination, disability awareness and information governance.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.